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<b>APPLICANTS</b> FRANZISKA SHEPARD, SANTA MARIA, CA; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 04/02/1998</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 21	<b>TOTAL CLAIMS</b> 33	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> MRS. FRANZISKA SHEPARD MAGNA CARTA, INC. 1414 EAST MAIN STREET SANTA MARIA, CA93454					
<b>TITLE</b> MEDICAL HISTORY DOCUMENTATION SYSTEM AND METHOD					
<b>FILING FEE RECEIVED</b> 661	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		